

**WOODLAND SCHOOL DISTRICT 50**

**PRIMARY**

17366 Gages Lk. Rd.  
Gages Lake, 60030  
(847) 984-8704  
Fax (847) 816-4511

**ELEM. EAST**

17261 Gages Lk. Rd.  
Gages Lake, 60030  
(847) 984-8791  
Fax (847) 549-9806

**ELEM. WEST**

17371 Gages Lk. Rd.  
Gages Lake, 60030  
(847)984-8904  
Fax (847) 816-0708

**INTERMEDIATE**

1115 Hunt Club Rd.  
Gurnee, 60031  
(847) 596-5910  
Fax (847) 855-9828

**MIDDLE**

7000 Washington St.  
Gurnee, 60031  
(847) 856-3406  
Fax (847) 856-1306

**AUTHORIZATION FOR SHORT TERM OVER THE COUNTER MEDICATION**

***(ONLY ONE MEDICATION PER FORM)***

Woodland will administer non-prescription medication upon the request of a parent in those situations where the medication is required to maintain a student in school and must be given during school hours. **Such medication will be administered up to five school days with completion of this form by the parent.** Should the use of the medication exceed five school days, physician's approval will be required using the Prescription and/or Long Term Over The Counter medication form.  
PLEASE NOTE: All medication is required to be in the original labeled container.

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ Room # \_\_\_\_\_

Diagnosis requiring medication \_\_\_\_\_

Name of Medication \_\_\_\_\_

Time to be given \_\_\_\_\_

Dosage & Route \_\_\_\_\_

Frequency \_\_\_\_\_

Date to begin \_\_\_\_\_

Discontinuation Date \_\_\_\_\_

Intended effect of this medication \_\_\_\_\_

Expected side effects, if any \_\_\_\_\_

Other medications student is receiving \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_